ALTA’s Best Practices -- Sample Policies and Procedures

Pillar #7 – **Consumer Complaints**

**INSERT LAW FIRM NAME HERE**

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| --- | --- | --- |
| **Policy** | **Best Practice Pillar #7 – CONSUMER COMPLAINTS -- Adopt and maintain written procedures for resolving consumer complaints.** | |
| **Name of Procedure** | **Consumer Complaint Procedures**  [***NOTE: This procedure is stricter than the ALTA Procedure for Pillar #1 because of NC state law requirements under N.C.G.S. 58-26-1(a) and Chapter 84 requiring independence of law firms from title insurance agencies.]*** | |
| **Reference Number** | **7.01 Recordation and Response** | |
| **Applicable Parties** | Complaint Coordinator  Practice Manager  [Third Party Service Providers – Attach Addendum] | |
| **Effective Date** | Highlight this text, then type effective date here | |
| **Supporting Documentation** | Add to, delete and/or modify the sample text below to describe documentation that evidences your firm’s compliance with this best practice. Delete the preceding sentence and this one before finalizing.  Complaint Intake Form  Complaint Log | |
| **Procedures** | Add to, delete and/or modify the sample text below to describe documentation that evidences your firm’s compliance with this best practice. Delete the preceding sentence and this one before finalizing.  **7.01 Recordation and Response**  The Firm has appointed [\_\_\_\_\_\_\_\_\_\_\_\_\_] as Complaint Coordinator to handle and respond to any complaints received from clients or others, and to oversee the client complaint process. All complaints are directed to the Complaint Coordinator.  Complaint Coordinator will add the complaint to the Complaint Log (attached), create an electronic record of the complaint, the response, and assure documentation of all communications  The Complaint Log includes sufficient information to connect the compliant to a specific transaction and provide information to understand the nature and scope of the complaint.  Complaint Coordinator willmaintain the Complaint Log and will either handle the resolution of the complaint directly or ask the attorney or firm manager to resolve the complaint. The attorney or firm manager will contact the client by the end of the second business day to acknowledge receipt of the complaint and update the client with the status, such as ‘just started looking into it’ or ‘we’ve resolved it by…”  Upon receipt of a complaint, Complaint Coordinator will investigate to determine the validity of the complaint, any mitigating factors, and the best solution. The determination of the best solution may involve others in the office. | |
| **Approved by / Date** | Highlight this text, then type name of person approving here | Highlight this text, then enter date of approval here |

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| **Reference Number** | **7.02 Reporting** | |
| **Applicable Parties** | Complaint Coordinator  Practice Manager  [Third Party Service Providers – Attach Addendum] | |
| **Effective Date** | Highlight this text, then type effective date here | |
| **Supporting Documentation** | Add to, delete and/or modify the sample text below to describe documentation that evidences your firm’s compliance with this best practice. Delete the preceding sentence and this one before finalizing.  Complaint Intake Form  Complaint Log | |
| **Procedures** | Add to, delete and/or modify the sample text below to describe documentation that evidences your firm’s compliance with this best practice. Delete the preceding sentence and this one before finalizing.  **7.02 Reporting**  Complaint Coordinator will follow up on the Firm’s established response times and procedures, monitoring and following up with personnel (attorneys or other employees) to make any necessary corrections, including discipline if required.   |  |  | | --- | --- | | **Action** | **Timeframe** | | Customer complaint received |  | | Complaint intake form is filled out | By the end of the day | | Complaint intake form delivered to Complaint Coordinator | By the end of the day | | Customer is contacted for acknowledgment of receipt of complaint and/or to obtain additional information | By the end of the second day | | Status update is made to the consumer If the complaint is not resolvable within 3 additional business days. | By the end of the 5th business day | | Status update every 3rd business day thereafter. | By the end of the 8th business day and subsequent days until the complaint is resolved. | | Complaint intake form is completed and a copy is either uploaded to server or kept in a separate file along with others | At resolution of the complaint. |   The goal will be to resolve the complaint within 3 business days, but if not capable of resolution by then, to provide the client with an update on what is happening and when a result is expected.  Copies of all materials, such as the initial complaint, the Complaint Intake Form, etc. should either be put in an individual file folder or scanned to the server in an electronic file folder. | |
| **Approved by / Date** | Highlight this text, then type name of person approving here | Highlight this text, then enter date of approval here |

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| **Reference Number** | **7.03 Analysis and Self- Assessment** | |
| **Applicable Parties** | Complaint Coordinator  Practice Manager  [Third Party Service Providers – Attach Addendum] | |
| **Effective Date** | Highlight this text, then type effective date here | |
| **Supporting Documentation** | Add to, delete and/or modify the sample text below to describe documentation that evidences your firm’s compliance with this best practice. Delete the preceding sentence and this one before finalizing.  Complaint Intake Form  Complaint Log | |
| **Procedures** | Add to, delete and/or modify the sample text below to describe documentation that evidences your firm’s compliance with this best practice. Delete the preceding sentence and this one before finalizing.  **7.03 Analysis and Self- Assessment**  At least quarterly, the Practice Manager and Attorneys will review the procedures, complaints logged in and resolutions to assure that procedures are appropriate and any action is taken. | |
| **Approved by / Date** | Highlight this text, then type name of person approving here | Highlight this text, then enter date of approval here |

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| **Reference Number** | **7.04 Training** | |
| **Applicable Parties** | Complaint Coordinator  Practice Manager  [Third Party Service Providers – Attach Addendum] | |
| **Effective Date** | Highlight this text, then type effective date here | |
| **Supporting Documentation** | Add to, delete and/or modify the sample text below to describe documentation that evidences your firm’s compliance with this best practice. Delete the preceding sentence and this one before finalizing.  Complaint Intake Form  Complaint Log | |
| **Procedures** | Add to, delete and/or modify the sample text below to describe documentation that evidences your firm’s compliance with this best practice. Delete the preceding sentence and this one before finalizing.  **7.04 Training**  Complaint Coordinator will provide training to personnel in transacting with clients and the public to avoid complaints, or to address complaints appropriately. All employees need to be sensitive to the idea that consumers may make a complaint in a variety of ways, including phone calls, voice mail, email, or regular mail.  All employees are instructed to direct any client complaints to Complaint Coordinator. Any employee who sees or hears anything sounding like a complaint must complete the Complaint Intake Form (attached), attaching a printout of any email, fax or letter application, or notes of the voicemail or phone conversation, and deliver to the Complaint Coordinator as soon as possible – no later than end of day.  Ona monthly basis, Complaint Coordinator will make a brief presentation to the Staff about the complaints received. The purpose is to keep the Staff informed and to provide an opportunity for suggestions on how to avoid similar complaints in the future. If there are repeated complaints on the same subject, consider additional training in this area for all staff. | |
| **Approved by / Date** | Highlight this text, then type name of person approving here | Highlight this text, then enter date of approval here |

# ALTA BEST PRACTICE 7 - ADDENDUM

# Consumer Complaint Resolution

|  |  |
| --- | --- |
| **Practice Manager** | Insert Name of Practice Manager |
| **Person Responsible for Plan Maintenance:** | Practice Manager |
| **Next Review Due** | Insert Next Review Date |
| **Next Review Date Tickler Added to Practice Manager’s Calendar: (Insert Yes when added)** | State Yes when added |
| **Comments:** | Add Comments, if any |

**CLE/CPE & OTHER TRAINING ATTENDED RELATED TO CONSUMER COMPLAINT RESOLUTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Course Title/Sponsor/Relevant Overview | Date |  |
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# Sample Complaint Intake Form

This sample is designed to help you develop the plans and procedures which demonstrate that your business meets or exceeds the ALTA Best Practices. It is intended to be used as a starting point and should be customized to suit the specific needs of your law firm.

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| --- | --- | --- | --- | --- |
| CLIENT INFORMATION | | | | |
| Name of Client | |  | | |
| Phone# | |  | | |
| Address | |  | | |
| Email | |  | | |
| **COMPLAINT INFORMATION** | | | | |
| Date Received | |  | | |
| Details  (Attach extra sheets if necessary) | |  | | |
| **CLIENT CONTACT 1 INFORMATION** | | | | |
| Date & Time | |  | | |
| Notes | |  | | |
| **CLIENT CONTACT 2 INFORMATION** | | | | |
| Date & Time | |  | | |
| Notes | |  | | |
| **RESOLUTION INFORMATION** | | | | |
| Date & Time | |  | | |
| Resolution | |  | | |
| Date & Time Uploaded/Copied | |  | | |
| Signature |  | | Printed Name |  |

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| **Review/Revision History for Consumer Complaint Policies and Procedures:**  Each time the above information pertinent to these Policies and Procedures is:   * Reviewed for accuracy and no changes made, enter the date of the review, the person doing the review and a brief description such as “Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_. No revisions needed.” * Reviewed for accuracy and revision(s) made, enter the date of the revision(s), the name of the person making the revision(s), and a detailed description of the change(s) such as “Reviewed by Sally Doe. Employment status of Notary Elizabeth Watson updated to Inactive.” | | |
| Date of Review/Revision | Person Reviewing/Revising | Description | |
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**ADDENDUM: THIRD PARTY SERVICE PROVIDERS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Service Provider  Principals  Address | | | Service Provided  (Attach contract to electronic file, especially Non-disclosure agreement) | | Firm Employee Responsible for Regular Review of Service Provider | Last Renewal Date | Next Renewal Date | |
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| **Review/Revision History of Relationship with Third Party Service Providers:**  Each time the above information pertinent to Third Party Service Providers is:   * Reviewed for accuracy and no changes made, enter the date of the review, the person doing the review and a brief description such as “Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_. No revisions needed.” * Reviewed for accuracy and revision(s) made, enter the date of the revision(s), the name of the person making the revision(s), and a detailed description of the change(s) such as “Reviewed by Sally Doe. John Wilson removed as Wire Initiator and added as Wire Approver.” | | | | | | | |
| Date of Review/Revision | Person Reviewing/Revising | | Description | | | |
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